

Editorial Department

A comment on an article entitled, *The Revival of Dentistry*, by Edwin J. Blass, D.D.S., published in *Oral Hygiene* for October, 1933.

This essay apparently owes its origin to the economic depletion so prevalent in all professions during the past three years. As a basis for discussion the author promulgates three questions which read as follows:

"How can we attract patients to our offices, as in days of yore?" "Is there a legitimate way to extract, at least, a modest fee from a depleted pocket book?" "Can a formula be suggested to counteract the current thought that extravagant restorations and costly services are the only means of masticatory preservation?"

The writer of this "comment" feels that that portion of the answer to these questions which goes to make up the main theme of Dr. Blass' essay, should be frankly discussed.

As a means of reviving depleted and stagnant dental practices, Dr. Blass mentions the importance and practicability of emphasizing to the public and prospective patients the esthetic advantages of dentistry and also the ability of the dentist to perform operations upon the teeth without pain to the patient and the possibility of doing dental work at a fee within the means of the average individual, all of which is most commendable but which is briefly set forth in three paragraphs. The bulk of the essay is devoted to a discussion of the treatment of malocclusion as the greatest panacea for the depleted dental practice. In this latter discourse we find a most amazing statement in the light of present knowledge. This paragraph evidently carries weight for the Editor of *Oral Hygiene* has seen fit to transcribe it in large type causing it to stand forth within the confines of the article like a flaming cross. It states that "Orthodontia, if for no other reason save monetary considerations is one method of correcting a financially distressed dental practice. Competition is not so keen as in the ordinary dental practice, and the alluring ads of the advertising offices will never attract the children for orthodontic correction."

The essayist further maintains that "every dentist with the intelligence that should be his who holds the parchment is just as qualified to practice orthodontia as the physician to wield the knife in a surgical operation" but the incongruity of this remark is set forth by subsequent advice to the effect that the dentist must be sure to select simple cases and then "take impressions of both the upper and lower jaws and send them to a qualified laboratory for their advice and for the construction of the appliance."

May we respectfully call the attention of this gentleman to the fact that dentistry is a dignified profession and not a commercial racket. What about the children who are to be seized and exploited by men admittedly so incompetent in orthodontic knowledge that they must appeal to the dental laboratory for advice in treatment? Would Dr. Blass like to have his own children treated by such men? Why not let the barbers and the hair-dressers do this work for the children? They can also send models to the laboratories and have appliances made up and carry out the instructions of the commercial orthodontic expert!

It must be remembered that specialization in orthodontia evolved because the problems associated with the treatment of malocclusion were so intricate and so profound as to demand all the time, thought and study that was available to the working hours of an individual. Because this fact is recognized by dental pedagogists, there is not one dental college that pretends to educate its graduates for the practice of orthodontia. The only institutions that adequately train men to practice this specialty require one or more years of graduate instruction.

If you will but question any orthodontist of many years experience and ask him if he feels confident to pick the *simple* cases of malocclusion, when patients come to him in consultation, I feel quite certain that he will hesitate to answer in the affirmative for such cases are relatively few in number. This being so, how dangerous is the advice of the writer of this essay when he suggests to the dentist to be sure to pick the *simple cases* for his initial efforts. This statement is but one of many in this article that clearly show how superficial is the orthodontic knowledge of this writer. He is handing out advice which, if followed, will become a bombshell in the office of any dentist, and the most unfortunate part of it all is that innocent children are to be made to suffer in the experiment.

The editor of the *Angle Orthodontist* has no censure for any dentist who practices orthodontia subsequently to thoroughly preparing himself to do this. In localities where specialists are unavailable it is a necessary part of his practice, just as the general practitioner of medicine in a small community must do surgery and obstetrics. There are dentists who are perfectly capable of treating malocclusion. But these men did not acquire this ability in a dental school or by experimenting upon children for economic purposes. They did just what all competent specialists in orthodontia have done, i.e., thoroughly studied orthodontic theory and technic under the guidance of the best teachers available at the time and practiced it thereafter with a reasonable degree of intelligence until experience made them

safe and proficient operators. Articles such as the one under discussion tend but to emphasize that great need for additional legislation in the dental laws to govern the practice of the specialties that have evolved since these dental laws were first enacted. Until such legal restrictions are in effect the exploitation of children for commercial purposes is bound to occur.

R. H. W. S.

The Revised Dental Law of the State of Illinois

Medical and dental legislation has followed steadfastly though somewhat laggardly the advancement in scientific knowledge in these fields. It is necessary, however, to view this development with the prospective of many years to observe its progress. To the foremost practitioners and students it seems far behind the public needs which they recognize. To the average practitioner and laity it is adequate.

The best interest of the commonwealth is the object of statutory law. This principle when applied to medical and dental law requires not only the consideration of public good but the ability of the average practitioner to meet these qualifications. Yet in one respect at least, the concept of both the public and the profession has advanced beyond the law; namely, with regard to specialties.

In medicine and in dentistry it is recognized in both teaching and practice that the great body of theoretical and technical knowledge has progressed beyond the ability of any individual to master all of its departments. The educational institutions have evidenced this concept in the manner of teaching and the choice of instructors. The public have in their demand for specialists recognized it also. Even in the class which frequent free and low fee clinics the desire to obtain the service of specialists is marked. Yet the laws of most states recognize no distinction and provide no requirement for a classification which carries the assumption of special knowledge.

In this respect the common law is more adequate than statutory law for in the judgments of the courts a specialist is required to exercise the skill, knowledge and judgment of the average of those who specialize. Many foreign countries have been less hesitant to recognize the distinction and protect their people from the pretensions of inadequately trained practitioners. In Denmark 3 to 6 year courses by the Danish Medical Association are required. Austria has 4 to 5 year courses giving membership in the

'Verbond der Forcharzti'. Germany has a similar plan. In Alberta, Canada, there are legal minimum standards in the hands of the University of Alberta. Turkey has given the medical faculty the power to approve certificates. •

In no specialty is there greater need for adequate protection of the public than in orthodontia. With no more than three per cent of the dental students' time spent upon the theory and practice of this subject; with few dental colleges requiring a passing grade in these courses prerequisite for graduation; and with a very small number of the dental state boards demanding even a perfunctory knowledge of its principles or practice it is no wonder that the prattlers of get-rich-quick economics have pointed their fingers to this specialty as an easy road to affluence. The harvest of these ideas as well as from propaganda promoted by dental study clubs and even some dental schools, that comprehensive training is not necessary for the practice of orthodontia, is reaped daily in the criticism and ill repute with which the orthodontist is held by those who have proceeded upon this advice and expended their money to the detriment of the denture and health of their children. Censure for poor orthodontic practice falls with equal weight upon the skilled and unskilled practitioner.

The American Society of Orthodontists has recognized the condition and provided a board after the manner of several of the medical specialties. Upon investigation, examination or both, certificates are issued and the names of certificate holders published from time to time. But as a mechanism for public protest this is as yet inadequate and there is indeed question whether it will ever be entirely effective. The State of Arizona some years ago legally defined the qualifications for the practice of the specialty in that state. There was much ado about the matter at the time but more sober judgment has changed current opinion somewhat as is voiced in Section II, paragraph d, of a report of a committee on Education and Legislation of the Chicago Association of Orthodontists, which is quoted. "In view of these conditions the Arizona law has been prematurely and unjustly condemned, for although not of universal application nor without imperfections, it offers the public a greater degree of protection from inadequately qualified practitioners than any similar statute in force at the present time."

In the revised dental law of the State of Illinois a section (Section 1, Paragraph 4a) provides that the specialist must demonstrate to the State Board of Dental Examiners special knowledge before presenting himself as a specialist in any department of dentistry. Upon the payment of a stated fee he may be granted a certificate.

From the standpoint of the public, protection should be provided against the assumption of special knowledge where it does not exist. This in no

way need limit general practice but should prohibit the pretense of special knowledge and experience where there is no evidence of their existence. From the standpoint of the dental profession adequate education and legislation is essential to the integrity of its calling. It is the direct responsibility of the orthodontists to initiate appropriate action in keeping with the ethics and dignity of dental science. This responsibility is shared with the dental profession as a whole, for public interest is, in the last analysis, professional interest. If the professions qualified by training and experience refuse to lead the way, the public must resort to its own measures. These in their zeal may overreach the mark, imposing conditions incompatible with the welfare of both patients and practitioners.

How long will the inertia of intelligent dentists and orthodontists withhold action from this problem?

H. J. N.

Notice to our Subscribers

In order that the *Angle Orthodontist* may increase its field of usefulness to the specialty and its practitioners, three Associate Editors have been added to our Staff to aid in various details of administration. Dr. Allan G. Brodie, head of Orthodontic Instruction in the Graduate Department of the University of Illinois, will devote his energy to supplying material bearing on the theory and technic of orthodontia. Dr. Harold J. Noyes will assume the responsibility of obtaining research articles for publication while Dr. Ernest M. Setzer, chief of the Orthodontic Department of the Dental School, University of California, will edit the Question and Answer Department. It is the belief that this latter feature will be a most helpful source of information of a practical nature and will offer a means whereby any orthodontist can obtain specific aid in his personal problems of treatment. Our readers are urged to make practical use of this department and are assured that their inquiries will be given careful study and answered by such authorities as, in the judgment of the Editor of this Department, are most competent to supply the data. Such questions should be mailed to *The Angle Orthodontist*, Question Department, 184 Joralemon Street, Brooklyn, New York.